

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM FD-429)**

SERIAL NO.

235497

APPLICANT'S

FILING DATE

12-12-00

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	WFO.	DEF.	WFO.	DEF.	WFO.	DEF.
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6/24/30

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